Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report 48-hour report New report Amer	nds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
COMMITTÉE ON LETTER CARRIERS POLITICAL EDUCA	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	307.91
Washington DC 20001	Transaction ID : D560902 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001
Name of Federal Candidate Su	upport Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Op	ppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 430501.90	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCA	TION 11 02 2014
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	1702.32
Washington DC 20001	Transaction ID : D560905 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001
Name of Federal Candidate	upport Office Sought: House District: 00
MARK REGICH	ppose President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 639943.81	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2010.23
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 11 03 2014
Signature	Date 17

Schedule E)	LI LINDLINI LAI LIND	ITOTILO	PAGE 2 OF 27 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	▼
Workers' Voice			C C00484287	
Check if 24-hour report 48-h	our report New rep	ort Amends repo	rt filed on	Y
Full Name of Payee COMMITTEE ON LETTER	CARRIERS POLITICA	AL EDUCATION	Date of Public Distribution/Dissemination	
Mailing Address 100 Indiana Avenue	, N.W.		Amount	
City	State	Zip Code	997.1:	2
Washington	DC	20001	Transaction ID : D560906 Date of Disbursement or Obligation	_
Purpose of Expenditure InKind Staff		Category/ Type 001	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
MARK E UDALL		Oppose	President Senate State: CC)
Calendar Year-To-Date Per Election for Office Sought	3	375455.55	Disbursement For: Primary	eral
Full Name of Payee COMMITTEE ON LETTER	CARRIERS POLITICA	AL EDUCATION	Date of Public Distribution/Disseminatio	
Mailing Address 100 Indiana Aven	ue, N.W.		11 02 2014 Amount	_
City	State	Zip Code	49.25	
Washington	DC	20001	Transaction ID : D560912 Date of Disbursement or Obligation	_
Purpose of Expenditure InKind Staff		Category/ Type 001	11 02 7 2014	Y
Name of Federal Candidate		X Support	Office Sought:	2
GWEN GRAHAM		Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought	7	3623.37	Disbursement For: Primary	eral
(a) SUBTOTAL of Itemized Independ	ent Expenditures		. ▶ 1046.37	
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		. >	
			79-1-79-1-79-1	I
(c) TOTAL Independent Expenditures			>	
	of, any candidate or authorized		not made in cooperation, consultation, or conce f either, or (if the reporting entity is not a politic	
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	11 03 2014	
Oignata. O				

Schedule E)	10Liti LA Lita.			PAGE 3 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report 48-hour rep	ort New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee I.A.F.F FIRE PAC Non-Federa	al Account		M = N	
Mailing Address 1750 New York Ave., N. W			Amount	02 2014
City	State	Zip Code		542.25
Washington	DC	20006		ion ID : D560922 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	3	375455.55	Disbursement Fo	or:
Full Name of Payee Grassroots Solutions Mailing Address 2828 University Avenue	SE, #150		Date of F	Public Distribution/Dissemination D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	— r	6801.85
Minneapolis	MN	55414		on ID: D560925 Disbursement or Obligation
Purpose of Expenditure Canvassers		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		271524.09	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		.	7344.10
(b) SUBTOTAL of Unitemized Independent I	Expenditures		•	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date		03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	LINDITOTIES	PAGE 4 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if X 24-hour report 48-hour report	New report Amends report f	iled on D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Florida AFL-CIO General Fund		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address c/o Mike Williams		Amount
135 S. Monroe Street		
City State	Zip Code	138.39
Tallahassee FL	32301	Transaction ID : D560931 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	11 02 / Y Y Y Y Y
Name of Federal Candidate	X Support O	ffice Sought: X House District:02
GWEN GRAHAM	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee	·	Date of Public Distribution/Dissemination
UNITE HERE Local 24		11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 300 River Place Drive Suite 2700		Amount
City State	Zip Code	103.36
Detroit MI	48207	Transaction ID : D560933 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General 014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		241.75
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler Signature	[Electronically Filed] Date	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	ENDERT EXTEND	TOTILO	PAGE 5 OF 2 FOR SE OF FORM 24/4	27 ·8
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R▼
Workers' Voice			C C00484287	
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed on	Y
Full Name of Payee UNITE HERE TIP STATE &	LOCAL FUND		Date of Public Distribution/Dissemination	
Mailing Address 275 7TH AVENUE, 11TH	I FLOOR		Amount	
City	State	Zip Code	93.3	32
New York	NY	10001	Transaction ID : D560939 Date of Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001	11 02 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	00
MARK BEGICH		Oppose	President Senate State: A	
Calendar Year-To-Date Per Election for Office Sought	6	39943.81	Disbursement For: Primary Gen 2014 Other (specify) ▶	neral
Full Name of Payee Voices of the Amer. Federation	n of Gov't Employee	es	Date of Public Distribution/Dissemination	
Mailing Address 80 F Street, NW			11 02 2014 Amount	
City	State	Zip Code	343.34	4
Washington	DC	20001	Transaction ID : D560944 Date of Disbursement or Obligation	_
Purpose of Expenditure InKind Staff		Category/ Type 001	11 02 Y Y Y 2014	- Y
Name of Federal Candidate		X Support	Office Sought: House District:	00
GARY PETERS		Oppose	President Senate State: N	
Calendar Year-To-Date Per Election for Office Sought		271524.09	Disbursement For: Primary X Ger 2014 Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent E	xpenditures		436.66	
(b) SUBTOTAL of Unitemized Independen	t Expenditures		·	
(c) TOTAL Independent Expenditures			>	
	ny candidate or authorized		not made in cooperation, consultation, or condition or condition or (if the reporting entity is not a political condition).	
Ms. Elizabeth H Shuler Signature	[Electroni	ically Filed] Date	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Schedule E)				PAGE 6 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report 48-	hour report New report	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Voices of the Amer. Fed	deration of Gov't Emplo	yees	Date of Pul	blic Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	02 2014
City	State	Zip Code		58.74
Washington	DC	20001		n ID: D560947 sbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	11	02 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	6	639943.81	Disbursement For 2014 Other (Primary
Voices of the Amer. Fede Mailing Address 80 F Street, NW			Amount	02 / 2014
City	State	Zip Code		0.90
Washington	DC	20001		ID: D560949 sbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 11 M	02 / 2014
Name of Federal Candidate		Support	Office Sought:	X House District:06
ANDREW ROMANOFF		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	,,,,,	1365.86	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Indepen	dent Expenditures		.	59.64
(b) SUBTOTAL of Uniternized Indep	endent Expenditures		· •	7
(c) TOTAL Independent Expenditure	95		•	7 1 7 1 7
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	9 11 03	
Signature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/orkers' Voice	C C00484287
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
	Full Name of Payee Voices of the Amer. Federation of Gov't Employees	Date of Public Distribution/Dissemination
	·	11 02 2014
	Mailing Address 80 F Street, NW	Amount
ı	City State Zip Code	238.13
١	Washington DC 20001	Transaction ID : D560956 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel Category/ Type 002	11 02 7 2014
Ì	Name of Federal Candidate Support Office	Sought: House District: 00
	MITCH MCCONNELL Oppose	President State: KY
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary
l	Full Name of Payee Voices of the Amer. Federation of Gov't Employees	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 80 F Street, NW	Amount
	City State Zip Code	50.70
1	Washington DC 20001	Transaction ID : D560957 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel Category/ Type 002	11 02 / 2014
١	Name of Federal Candidate Support Office	Sought: House District: 00
	MARK E UDALL Oppose	President Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	288.83
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	7 7 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not many with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler [Electronically Filed] Date Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
			O tto is is
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Voices of the Amer. Federation of	of Gov't Empl	oyees	Date of Public Distribution/Dissemination 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW			Amount
City	State	Zip Code	744.06
Washington	DC	20001	Transaction ID : D560965 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	11 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President X Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		375455.55	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee)		Date of Public Distribution/Dissemination
Voices of the Amer. Federation of 0	Jov≀t Employe	ees	11 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW			Amount
City	State	Zip Code	1846.93
Washington	DC	20001	Transaction ID : D560977 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	11 / 02 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
ALISON LUNDERGAN GRIMES		Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought		430501.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		2590.99
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •
(c) TOTAL Independent Expenditures			
. , , , , , , , , , , , , , , , , , , ,	didate or authorize	•	not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	PAGE 9 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends in	report filed on
Full Name of Payee Voices of the Amer. Federation of Gov't Employees	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW	Amount 02 2014
City State Zip Code	261.36
Washington DC 20001	Transaction ID : D560979 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	
Calendar Year-To-Date Per Election for Office Sought 430501.90	Disbursement For: Primary
Full Name of Payee Voices of the Amer. Federation of Gov't Employees Mailing Address 80 F Street, NW	Date of Public Distribution/Dissemination 11 02 2014 Amount
City State Zip Code	18.01
Washington DC 20001	Transaction ID : D560980 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 11 02 2014
Name of Federal Candidate Support	rt Office Sought: House District: 00
CORY GARDNER Oppose	e President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 375455.55	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	279.37
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	······· >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
	Date 11 03 2014
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vorkers' Voice	C C00484287
Ch	eck if X 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	AFSCME Special Account	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1625 L Street, NW	Amount
	City State Zip Code	511.76
	Washington DC 20036	Transaction ID : D560991 Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff Category/ Type 001	11
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	MARK BEGICH Oppose	President X Senate State: AK
	000040.04	pursement For: Primary General
	Per Election for Office Sought 639943.81 201	Other (specify) >
	Full Name of Payee AFSCME Special Account	Date of Public Distribution/Dissemination
	Mailing Address 1625 L Street, NW	11 02 2014 Amount
	City State Zip Code	505.26
	Washington DC 20036	Transaction ID : D560993 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel Category/ Type 002	11 02 7 2014
	Name of Federal Candidate Support Offi	ce Sought: House District: 00
	MARK BEGICH Oppose	President Senate State: AK
	Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	1017.02
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler [Electronically Filed] Date	11 03 2014
	Signature	
_		

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Schedule E)	VI EXI END	TTOTILO		PAGE 11 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee AFSCME Special Account			M = M	olic Distribution/Dissemination
Mailing Address 1625 L Street, NW			Amount	02 2014
City	State	Zip Code		210.96
Washington	DC	20036		n ID : D561000 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M _ M	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	271524.09	Disbursement For: 2014 Other (Primary ⊠ General
Full Name of Payee AFL-CIO	_		Date of Pul	blic Distribution/Dissemination
Mailing Address 815 - 16th Street, NW			Amount	02 2014
City	State	Zip Code		18.50
Washington	DC	20006		ID: D561013 bursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	11	02 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7 7	375455.55	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			229.46
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
				7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	11 03	
Gigilature				

Schedule E)	INI EXI END	TIONES		PAGE 12 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
AFL-CIO				1 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		14.91
Washington	DC	20006		ction ID : D561015 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	1	1 02 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
MARK BEGICH		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	639943.81	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
AFL-CIO				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	t
City	State	Zip Code		208.84
Washington	DC	20006		tion ID : D561024 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		1 02 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	271524.09	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			223.75
			·	7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date		03 2014
olynature				

Schedule E)	PAGE 13 OF FOR SE OF FORM	27 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUM	
Workers' Voice	C C00484287	
Check if 24-hour report 48-hour report New report Ame	mends report filed on/	YY
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemi	ination
Mailing Address 815 - 16th Street, NW	11 02 20)14
	Amount	
City State Zip Code		27.30
Washington DC 20006	Transaction ID : D561031 Date of Disbursement or Obligatio	n
Purpose of Expenditure Walk Packets Category/ Type	M M / D D / Y Y	014
Name of Federal Candidate	Support Office Sought: House District:	00
ALICON LUNDEDCAN COMES	Oppose President X Senate State:	KY
Calendar Year-To-Date Per Election for Office Sought 430501.90	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
Full Name of Payee	Date of Public Distribution/Dissem	ination
AFT Solidarity 527	M = M / D = D / Y = Y	YYY
Mailing Address 555 New Jersey Ave N W	11 02 20	014
Mailing Address 555 New Jersey Ave. N.W.	Amount	
City State Zip Code	12	25.35
Washington DC 20001	Transaction ID : D561036 Date of Disbursement or Obligation	'n
Purpose of Expenditure Inkind Staff Travel Category/ Type	002)14 Y
Name of Federal Candidate	Support Office Sought: House District:	00
CADV DETERS	Oppose President X Senate State:	MI
Calendar Year-To-Date Per Election for Office Sought 271524.09		General
(a) SUBTOTAL of Itemized Independent Expenditures		65
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	-
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed]	Date 11 03 2014	
Signature		1

Schedule E)	IVI EXI EIVE	TOTILO	<u> </u>	PAGE 14 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Workers' Voice			C	000484287
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee AFT Solidarity 527			M = M /	Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			Amount	02 2014
Cit.	Otata	7:- Cada		440.00
City Washington	State DC	Zip Code 20001	Transaction ID	110.29 D: D561039 sement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	11	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 02
GWEN GRAHAM		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	3623.37	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee AFT Solidarity 527	_		M = M /	Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			Amount	02 2014
City	State	Zip Code		525.69
Washington	DC	20001	Transaction ID Date of Disbur	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	11 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
MARK BEGICH		Oppose	President X	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	7 7	639943.81	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			635.98
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •	
			4	4
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	11 03	2014
Olynatul e				

Schedule E)		PAGE 15 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.		11
City State	Zip Code	109.18
Washington DC	20001	Transaction ID : D561067 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	11 02 / Y Y Y Y Y
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
TERRI LYNN LAND	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	271524.09 Dis 201	bursement For: Primary X General 4 Other (specify) ▶
Full Name of Payee AFT Solidarity 527 Mailing Address 555 New Jersey Ave. N.W.		Date of Public Distribution/Dissemination 11 02 2014
		Amount
City State Washington DC	Zip Code 20001	Transaction ID : D561075
Purpose of Expenditure InKind Staff	Category/ 001	Date of Disbursement or Obligation
Name of Federal Candidate	X Support Offi	ice Sought: House District:00
MARK BEGICH	Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	639943.81 Dis	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1258.67
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler	[Electronically Filed] Date	11 03 2014
Signature	_	

Schedule E)	I EXI END	ITOTILO		PAGE 16 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Workers' Voice			(C00484287
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee AFT Solidarity 527			M	
Mailing Address 555 New Jersey Ave. N.W.			Amount	02 2014
City	State	Zip Code		209.07
Washington	DC	20001		ion ID : D561077 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	11	
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	;	375455.55	Disbursement F 2014 Othe	or:
Full Name of Payee			Date of	Public Distribution/Dissemination
AFT Solidarity 527			M	
Mailing Address 555 New Jersey Ave. N.W.				02 2014
555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		2084.88
Washington Purpose of Expenditure	DC	20001	Date of	on ID: D561078 Disbursement or Obligation
InKind Staff		Category/ Type 001	11	
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	271524.09	Disbursement F 2014 Othe	for:
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	2293.95
(b) SUBTOTAL of Unitemized Independent Expendit	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date		03 2014
Signature				

Schedule E)	IIII EXI EIID	TI OTILO	PAGE 1 FOR SEC	7 OF 27 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	TION NUMBER ▼
Workers' Voice			C C00484287	
Check if 24-hour report 48-hour report	New rep	port Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee COMMUNICATIONS WORKERS O	F AMERICA	WORKING VOIC	Date of Public Distribution	n/Dissemination
Mailing Address 501 3RD STREET, NW			Amount	
City	State	Zip Code		42.41
Washington	DC	20001	Transaction ID : D56109 Date of Disbursement or	0
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	11 / 02	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
MITCH MCCONNELL		Oppose	President Senate	State: KY
Calendar Year-To-Date Per Election for Office Sought	7	430501.90	Disbursement For: Prima 2014 Other (specify) ▶	ry X General
Full Name of Payee COMMUNICATIONS WORKERS O	F AMERICA	WORKING VOIC	Date of Public Distribution	on/Dissemination / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 501 3RD STREET, NW			Amount	
City	State	Zip Code		46.55
Washington	DC	20001	Transaction ID : D561091 Date of Disbursement or	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	11 / 02	2014
Name of Federal Candidate		X Support	Office Sought: House	District:00
ALISON LUNDERGAN GRIMES		Oppose	President Senate	State: KY
Calendar Year-To-Date Per Election for Office Sought	-, -,	430501.90	Disbursement For: Prima 2014 Other (specify) ▶	ry X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		,	88.96
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	idate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date		014 Y

Schedule E)	DENT EXILIN	SITORES	PAGE 18 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 🔀 24-hour report 🗌 48-hour repor	t New re	eport Amends repo	rt filed on
Full Name of Payee UFCW Int'l Union Working Fam	nilies Advocac	y Project	Date of Public Distribution/Dissemination 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Street, NW			11 02 2014 Amount
City	State	Zin Codo	905.06
Washington	DC	Zip Code 20006-1598	Transaction ID : D561093 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		271524.09	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee UFCW Int'l Union Working Familion	es Advocacy P	roject	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			11 02 2014 Amount
City	State	Zip Code	144.20
Washington	DC	20006-1598	Transaction ID : D561105 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	11 02 7 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		375455.55	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 1049.26
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. •
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	11 03 2014
Jigilatul e			

Schedule E)	PAGE 19 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if X 24-hour report 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW	11 02 2014 Amount
City State Zip Code	331.68
Washington DC 20006-1598	Transaction ID : D561106 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President State: KY
	Disbursement For: Primary
Full Name of Payee Workers' Voice (OPEIU)	Date of Public Distribution/Dissemination
Mailing Address 80 Eighth Ave	
Suite 610	Amount
City State Zip Code	240.32
New York NY 10011	Transaction ID : D561113 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	11 02 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 430501.90	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	572.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date Signature	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		TOTILS		PAGE 20 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee ENGINEERS POLITICAL EDUCATION COMMITTEE (EP	PEC)/INTERI	NATIONAL UNION		of Public Distribution/Dissemination
Mailing Address 1125 17TH ST, NW			Amou	
City Sta	ıto.	Zip Code		958.63
Washington Do		20036		saction ID : D561120 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		11 02 7 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
MARK BEGICH		Oppose	Presid	dent Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	6	39943.81	Disbursement 2014	nt For:
Full Name of Payee AFT Michigan General Fund				of Public Distribution/Dissemination
Mailing Address 2342 Industrial St.			Amo	
City Sta	ate	Zip Code	$ \Gamma$	233.44
Grayling M	/ II	49738		action ID : D561136 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001] [11 02 2014
Name of Federal Candidate		X Support	Office Soug	ht: House District: 00
GARY PETERS		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		271524.09	Disburseme 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [1192.07
(b) SUBTOTAL of Unitemized Independent Expenditures.			· -	
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized			
Ms. Elizabeth H Shuler Signature	[Electroni	cally Filed] Date	M M /	03 / 2014

Schedule E)	IDENT EXPEND	ITOTILS	PAGE FOR SE	21 OF 27 E OF FORM 24/48
NAME OF COMMITTEE (In Full)				ATION NUMBER ▼
Workers' Voice			C C004842	
Check if 24-hour report 48-hour repo	rt New rep	ort Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee Alaska AFL-CIO General Fund	l		Date of Public Distribu	tion/Dissemination
Mailing Address 3333 Denali St.			11	2014
Suite #125				
City Anchorage	State AK	Zip Code 99503	Transaction ID : D561	
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement	/ Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
MARK BEGICH		Oppose	President Senat	e State: AK
Calendar Year-To-Date Per Election for Office Sought	(539943.81	Disbursement For: Prin 2014 Other (specify) ▶	nary X General
Full Name of Payee Colorado AFL-CIO L2K			Date of Public Distribu	tion/Dissemination
Mailing Address			11 02	2014
Mailing Address 140 Sheridan Blvd			Amount	
City	State	Zip Code		324.87
Denver	СО	80226	Transaction ID : D5611 Date of Disbursement	
Purpose of Expenditure InKind Staff		Category/ Type 001	11 02	2014
Name of Federal Candidate		X Support	Office Sought: House	District: 00
MARK E UDALL		Oppose	President X Senat	e State: CO
Calendar Year-To-Date Per Election for Office Sought		375455.55	Disbursement For: Pring 2014 Other (specify) ▶	nary X General
•				
(a) SUBTOTAL of Itemized Independent Exp	enditures		>	378.70
(b) SUBTOTAL of Unitermized Independent E	xpenditures		>	7
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	11 / 03 / Y	2014
-				

Schedule	E)		1101120		PAGE 22 OF 27 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers	s' Voice				C C00484287
Check if X	24-hour report 48-hour report	New rep	oort Amends repo		M / D D / Y B Y B Y B Y
Full Nam Rock	ne of Payee y Mountain Voter Outreach,	LLC			of Public Distribution/Dissemination
Mailing A	Address 899 Logan Street, Suite 300			Amour	
City		State	Zip Code		800.00
Denver		СО	80203		action ID : D561147 If Disbursement or Obligation
Purpose Canvas	of Expenditure sers		Category/ Type 001	M	11 02 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
MARK E	UDALL		Oppose	Preside	
	endar Year-To-Date Election for Office Sought	3	375455.55	Disbursement 2014 Of	t For: Primary
Mailing A	CME Indiana-Kentucy Organizi Address 1424 N. Pennsylvania Street			Amou	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code		239.68
Indiana		IN	46202		ction ID : D561153 of Disbursement or Obligation
Purpose InKind \$	of Expenditure Staff		Category/ Type 001	M	11 02 7 2014
Name of	f Federal Candidate		X Support	Office Sough	t: House District:00
ALISON	LUNDERGAN GRIMES		Oppose	Preside	
	endar Year-To-Date Election for Office Sought		430501.90	Disbursemen 2014 O	t For: Primary
(a) SUBT	OTAL of Itemized Independent Expendi	tures		· [1039.68
(b) SUBT	TOTAL of Unitemized Independent Expe	nditures		•	7 1 7 1 7 1
(c) TOTA	L Independent Expenditures			•	
with, or at	nalty of perjury I certify that the indepet the request or suggestion of, any cand mittee) any political party committee or	didate or authorized			
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	, 11 /	03 2014
Signat	ure				

Schedule E)	ENT EXILID	TIONES		PAGE 23 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New rep	port Amends repo		M / D D / Y D Y D
Full Name of Payee			Date of	Public Distribution/Dissemination
NCFO/SEIÙ 32BJ				11 02 / 2014
Mailing Address 1212 Bath Ave			Amoun	t
Floor F&O		7: 0 !		05.04
City	State KY	Zip Code	Tranca	95.34 ction ID : D561156
Ashland	K1	41101-2696		Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		430501.90	Disbursement 2014 Oth	For: Primary ⊠ General
Full Name of Payee				f Public Distribution/Dissemination
AFSCME Florida Special Account				M / D D / Y Y Y Y
Mailing Address 1625 L Street, NW				11 02 2014
			Amoun	
City	State	Zip Code		1.83
Washington	DC	20036		tion ID: D561164 f Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		11 02 / Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:	: X House District: 02
GWEN GRAHAM		Oppose	Preside	FI
Calendar Year-To-Date Per Election for Office Sought		3623.37	Disbursement 2014	For: Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures		· •	97.17
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	11 /	03 / 2014
Signature				

Sche	dule E)	har va.	1101120		PAGE 24 OF 27 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	kers' Voice				C C00484287
Check	if X 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	n
Full	Name of Payee FSCME for Michigan			С	Date of Public Distribution/Dissemination
Mai	uiling Address 1625 L Street, NW			A	11 02 2014 Amount
City	y State		Zip Code		83.65
Wa	ashington DC		20036		Fransaction ID : D561177 Date of Disbursement or Obligation
	rpose of Expenditure kind Staff Travel		Category/ Type 002		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	me of Federal Candidate		X Support	Office S	Sought: House District:
Ga	ary Peters		Oppose	Pr	resident Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		19678.76	Disburse 2014	ement For:
A	Il Name of Payee FSCME for Michigan ailing Address 1625 L Street, NW				Date of Public Distribution/Dissemination 11
	1023 L Gueet, IVVV				Amount
City	ry State Vashington DC		Zip Code 20036		721.44 ransaction ID : D561178 Date of Disbursement or Obligation
	rpose of Expenditure kind Staff Travel		Category/ Type 002		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	me of Federal Candidate		X Support	Office S	Sought: House District: 00
G/	ARY PETERS		Oppose	P	President Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		271524.09	Disburse 2014	ement For: Primary General Other (specify)
(a) \$	SUBTOTAL of Itemized Independent Expenditures			•	805.09
(b) \$	SUBTOTAL of Unitemized Independent Expenditures				
(c)	TOTAL Independent Expenditures			• [
with,	er penalty of perjury I certify that the independent expert, or at the request or suggestion of, any candidate or au y committee) any political party committee or its agent.				
_		[Electron	nically Filed] Date	M M M	03 2014
S	Signature				

Sche	edule E)		1101120		PAGE 25 FOR SE OF FO	OF 27 DRM 24/48		
	OF COMMITTEE (In Full)				FEC IDENTIFICATION	NUMBER ▼		
Wor	rkers' Voice		C C00484287					
Check	Check if 24-hour report 48-hour report New report Amends report filed on							
Fu	Name of Payee AFSCME for Michigan				of Public Distribution/Dis	/		
Ma	ailing Address 1625 L Street, NW			Amou	11 02 int	2014		
Cit	itv	State	Zip Code	$ \Gamma$		3600.60		
- 1	Vashington	DC	20036		saction ID : D561181 of Disbursement or Obli			
	urpose of Expenditure nKind Staff		Category/ Type 001			2014		
Na	ame of Federal Candidate		Support	Office Sough	nt: House Dis	strict: 00		
G	SARY PETERS		Oppose	Preside		State: MI		
	Calendar Year-To-Date Per Election for Office Sought		271524.09	Disbursemen 2014	nt For: Primary Other (specify) ▶	General		
A	ull Name of Payee AFSCME for Michigan lailing Address 1625 L Street, NW				of Public Distribution/Dis	ssemination Y Y Y Y 2014		
Ci	ity	State	Zip Code	<u> </u>		675.47		
W	Vashington	DC	20036		action ID : D561182 of Disbursement or Obl			
	urpose of Expenditure nkind Staff Travel		Category/ Type 002		11 / 02 /	2014		
Na	ame of Federal Candidate		Support	Office Sough	nt: House Dis	strict: 00		
Т	ERRI LYNN LAND		Oppose	Presid		State: MI		
	Calendar Year-To-Date Per Election for Office Sought		271524.09	Disbursemer 2014	nt For: Primary Other (specify) ▶	General		
(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c)	TOTAL Independent Expenditures			· [7 1 7			
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized						
_	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	e 11	03 2014	Y		
;	Signature					_		

Sch	hedule E)	L /(1 L.(2)	1101120		PAGE 26 OF 27 FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
VV	orkers' Voice		C C00484287					
Che	Check if 24-hour report 48-hour report New report Amends report filed on							
T	Full Name of Payee Michigan Nurses Association Genera		of Public Distribution/Dissemination					
	Mailing Address 2310 Jolly Oak Road			Amou	11 02 2014 unt			
	City S	State	Zip Code	$ \Gamma$	64.60			
	Okemos	MI	48864		saction ID : D561199 of Disbursement or Obligation			
	Purpose of Expenditure InKind Staff		Category/ Type 001		11 02 2014			
T	Name of Federal Candidate		X Support	Office Sough	ht: House District: 00			
	GARY PETERS		Oppose	Presid	dent Senate State: MI			
	Calendar Year-To-Date Per Election for Office Sought	2	271524.09	Disbursemer 2014	nt For: Primary X General Other (specify) ▶			
	Full Name of Payee Laborers Political League Great Lakes I Mailing Address 8770 West Bryn Mawr Ave., Ste. 12				of Public Distribution/Dissemination 11 02 7 2014 unt			
-	City	State	Zip Code		153.54			
	Chicago	IL	60631		action ID : D561207 of Disbursement or Obligation			
	Purpose of Expenditure InKind Staff		Category/ Type 001	$\exists \mid c$	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
- 1	Name of Federal Candidate		X Support	Office Sough	ht: House District: 00			
	GARY PETERS		Oppose	Presid	dent Senate State: MI			
	Calendar Year-To-Date Per Election for Office Sought		271524.09	Disbursemer 2014	ent For: Primary ⊠ General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditures								
(0	c) TOTAL Independent Expenditures			· • [7 1 7 1 7			
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	M M /	03 2014			
	Signature							

Schedule E)	INDEFENDENT EXPEN	DITORES	PAGE 27 OF 27 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Workers' Voice	C C00484287					
Check if 24-hour report	48-hour report New re	eport Amends report	filed on fil			
Full Name of Payee Kent-Ionia Central L	Full Name of Payee Kent-Ionia Central Labor Council General Treasury					
Mailing Address 918 Benjami	n NE		11 02 2014 Amount			
City Grand Rapids	State MI	Zip Code 49503	95.00 Transaction ID : D561208			
Purpose of Expenditure InKind Staff	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Category/	Date of Disbursement or Obligation			
Name of Federal Candidate		Туре	Office Sought: House District: 00			
GARY PETERS		Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office S	ought		Disbursement For: Primary X General 2014 Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Mailing Address			Amount			
City	State	Zip Code				
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation			
Name of Federal Candidate		Support	Office Sought: House District:			
Calendar Year-To-Date Per Election for Office S	ought		Disbursement For:			
(a) SUBTOTAL of Itemized Inc	dependent Expenditures		95.00			
(b) SUBTOTAL of Unitemized	Independent Expenditures		>			
(c) TOTAL Independent Exper	nditures		29921.56			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Elizabeth H Sh.		onically Filed] Date	11 03 / 2014			